

**UNITED STATES PATENT & TRADEMARK OFFICE**  
**Washington, D.C. 20231**

REQUEST FOR PATENT FEE REFUND <span style="float: right;">10/5244</span>					
1 Date of Request: _____		2 Serial/Patent # _____			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
	Filing			\$	
	Amendment			\$	
	Extension of Time			\$	
	Notice of Appeal/Appeal			\$	
	Petition			\$	
	Issue			\$	
	Cert of Correction/Terminal Disc.			\$	
	Maintenance			\$	
	Assignment			\$	
	Other			\$	
		7 TOTAL AMOUNT OF REFUND		\$	
		8 TO BE REFUNDED BY: <span style="float: right;">0009054600</span>			
		<div style="display: flex; justify-content: space-between;"> <span>9244</span> <span>Treasury Check</span> <span>\$200.00 CR</span> </div>			
10 REASON:		Credit Deposit A/C #:			
		<div style="display: flex; align-items: center;"> <span style="margin-right: 10px;">9</span> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"></div> <div style="width: 20%; text-align: center;">--</div> <div style="width: 40%;"></div> </div> </div> </div>			
	Overpayment				
	Duplicate Payment				
	No Fee Due (Explanation):				
11 REFUND REQUESTED BY: _____					
TYPED/PRINTED NAME: _____			TITLE: _____		
SIGNATURE: _____			<div style="font-size: small;"> Adjust PHONE: 06/03/2005 PKIDWELL  02/12/2005 AKATPRON 00000037 011960 10524446  02 FC:2632 50.00 CR -200.00 OP </div>		
OFFICE: _____					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED: _____			DATE: _____		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**FORM PTO 1577**  
**(01/90)**

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**